TDDD (700				NORTH CAROLINA		22.00	: 1	1
IPDR6702 RUN DATE	: 02/20/2006		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE	1	
				ECKWRITE DATE: 02/23/2006				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	12292	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		0	0			12202	4000	45
			_		0	12292	12337	45
3404904	WESTERN HIGHLAN	8505	446	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	DS LME			W Loboti				
		191	130	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	1	822	14641	13819
				H FAILENI NAME				
		21	91	DUPLICATE OF CLAIM-SYSTEM				
3404910	PATHWAYS	8505	1308	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	140	FURTHER PROCESSING NECESSARY,	2	1606	2481	875
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	98	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	21	689	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		11	14	CLIENT NOT ELIGIBLE ON SERVICE	12	731	4080	3349
				DATE	12	731	4000	3349
		8505	E	CLAIM DENIED DUE TO INSUFFICIE				
		6363	3	NT BUDGET				
3404913		11	32	CLIENT NOT ELIGIBLE ON SERVICE				
3404913	MECKLENBURG COM ENTAL HEALT		32	DATE				
		0500						
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	6	49	55	6
				BENEFIT PACKAGE.				
		8932	6	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL							
		0	0		0	0	0	0
3404917	CENTERPOINT HUM	8505	2231	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		79	241	THIS SERVICE IS NOT PAYABLE TO	0	2706	4456	1750
				YOUR SUBMITTED BILLING			1130	
				PROVIDER TYPE AND SPECIALTY IN				
		11	126	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	1	0	0	*** NO DATA TO REPORT ***				
3404919			F*	NO DRIE TO EDITORI	l .	1		
3404918	ROCKINGHAM CO M							
3404918	ROCKINGHAM CO M ENTAL HEALT							
3404918								
3404918		0	0		0	0	0	0

DROUTE		HTOH DRIVES	water	1			TOTAL	TOTAL
PROVIDER NUMBER	+	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	-	8599	432	DETAIL NOT COVERED BY COMBINAT				
3404323	GUILFORD CO MEN	0000	*32	ION OF RECIPIENT, PROVIDER AND				
	TAL HEALTHC			BENEFIT PACKAGE.				
	-							
	-	8931	119	AMTNC INELIGIBLE TO RECEIVE SE	144	844	19435	1859
				RVICES IN IPRS.	144	044	13433	1033
	-							
		21	92	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL	8505	751	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		11	159	CLIENT NOT ELIGIBLE ON SERVICE	31	1210	4316	310
	_			DATE				
	-							
	-	8599	128	DETAIL NOT COVERED BY COMBINAT				
		0333	120	ION OF RECIPIENT, PROVIDER AND				
	+	1		BENEFIT PACKAGE.	1			-
	+	1	1	1 1 1				-
3404921	ORANGE PERSON C	8505	3205	CLAIM DENIED DUE TO INSUFFICIE				l
	HATHAM AREA			NT BUDGET				
	-							
	1	21	2226	DUPLICATE OF CLAIM-SYSTEM	16	6244	8424	218
		8599	280	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0500	400					
3404922	THE DURHAM CENT	8599	409	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	_			BENEFII FACAGE.				
	-	8329	196	CLAIM DENIED ATTENDING PROVIDE		000	5000	400
	-	0323	130	R CANNOT BE THE SAME AS	11	890	5229	433
	-			THE LMA				
		21	122	DUPLICATE OF CLAIM-SYSTEM				
	-							
3404923	FIVE COUNTY MH	11	165	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	42	DETAIL NOT COVERED BY COMBINAT	1	253	1327	107
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		100	1.0	OLITHIE TO MINDED MIGGING OF TH				
	+	120	16	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				-
	+			VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				-
	+			CONTRACTOR CONTRACTOR				
3404925	SANDHILLS CENTE	8505	1619	CLAIM DENIED DUE TO INSUFFICIE	1			-
	R FOR MH/DD			NT BUDGET				
	A LOA PIII/DD							
	+							
	+	21	319	DUPLICATE OF CLAIM-SYSTEM	68	2895	6449	355
	†				00		5445	
		120	260	CLIENT ID NUMBER MISSING OR IN				
	1			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM			-	
3404926	SOUTHEASTERN RE	11	1408	CLIENT NOT ELIGIBLE ON SERVICE				
	G MENTAL HL			DATE				
	1	0500	100	DEMAND NOT COMPUTE BY COMPUTE				
			180	DETAIL NOT COVERED BY COMBINAT	0	1656	2567	91
		8599						
		8599		ION OF RECIPIENT, PROVIDER AND				
		8539		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8533	19	BENEFIT PACKAGE. SERVICE FACILITY LOCATION CANN				
				BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8505	1301	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	63	DETAIL NOT COVERED BY COMBINAT	7	1498	2327	829
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII FACAGE.				
		11	51	CLIENT NOT ELIGIBLE ON SERVICE				
			31	DATE				
				M414.4d				
3404929		0	0	*** NO DATA TO REPORT ***				
	LEE HARNETT MH/ DD/SAS							
	DD/ SAS							
		0	0		0	0	0	0
								-
3404930	JOHNSTON COUNTY	8505	45	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE	0	56	73	17
			1	DATE		30	1,5	
		8800	2	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404931	WAKE CO HUM SVC	8599	263	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	156	DUPLICATE OF CLAIM-SYSTEM	17	611	2470	1859
		8952	59	CLAIM DENIED DUE TO AGE RESTRI				
				CTIONS FOR TARGET POPULATION				
3404933	SOUTHEASTERN CT	8599	74	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	36	THIS SERVICE IS NOT PAYABLE TO	14	174	2288	2114
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		11	20	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
			L.					
3404934	ONSLOW CARTERET	8599	54	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0.524	22	CONTROL TRANSPORTED TO THE CONTROL OF THE CONTROL O				
		8534	33	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	4	176	1465	1289
		1	+	PROVIDER. PLEASE VERIFY THE F	1		1	
		0525	22	CEDITICE PACTITITY LOCATION MAG	1		1	
		8535	32	SERVICE FACILITY LOCATION WAS		I		
				NOT INCLUDED IN YOUR 837.				
3404026		0	0	NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935	WAYNE CO MENTAL	0	0	NOT INCLUDED IN YOUR 837.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935		0	0	NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935		0	0	NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935		0	0	NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	0	0	0	0
3404935		0	0	NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	0	0	0	0
	HEALTH CTR	0	0	NOT INCLUDED IN YOUR 837. FLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT ***	0	0	0	0
3404935	HEALTH CTR	0	0	NOT INCLUDED IN YOUR 837. FLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT *** DETAIL MOT COVERED BY COMBINAT	0	0	0	O
	HEALTH CTR	0	0	NOT INCLUDED IN YOUR 837. FLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT ***	0	0	0	O
	HEALTH CTR	0	0	NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	0	0	0
	HEALTH CTR	0 8599	0 0 44	NOT INCLUDED IN YOUR 837. FLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	HEALTH CTR	0		NOT INCLUDED IN YOUR 837. FLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT TOM OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	0	0	0	
	HEALTH CTR	0 8599		NOT INCLUDED IN YOUR 837. FLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	HEALTH CTR	0 8599		NOT INCLUDED IN YOUR 837. FLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT TOM OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE				
3404935	HEALTH CTR	0 8599		NOT INCLUDED IN YOUR 837. FLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT TOM OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE				
	HEALTH CTR	0 8599 8931		NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC				2362
	HEALTH CTR	0 8599 8931		NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENETIT PECKAGE. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

					1			
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME				DENIALS	DENTALS	FINALIZED	PAID
3404937	EDGECOMBE NASH	8518	382	CLAIM DENIED, SUBMITTED BEYOND				
	MNTL HLTH C			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	11	DUPLICATE OF CLAIM-SYSTEM				
		21		DOFFICATE OF CHAIM-SISTEM	0	408	1387	979
		-						
							1	
		191	7	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404938		0	0	*** NO DATA TO REPORT ***				
3404930	VGFW DBA RIVERS			NO DATA TO REPORT				
	TONE COUNSE	1						
							1	
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	8800	170	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	ALTH CENTER			FUTURE RA'S.				
		+	 					
		8505	165	CLAIM DENIED DUE TO INSUFFICIE	n	413	902	489
				NT BUDGET		413	502	403
		ļ						
		8599	34	DETAIL NOT COVERED BY COMBINAT				
		 	+	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		-	 	DENNE . FRURRUE.				
3404941	PITT CO MH/DD/S	8537	227	PROCEDURE IS NOT PAYABLE FOR Y			 	
	AS CENTER	1		OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
		8536	111	ATTENDING PROVIDER TYPE AND SP	2	681	1426	745
				ECIALTY COMBINATION IS NOT				
		-		VALID FOR SUBMITTED BILLING PR				
		8599	77	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			1	
3404942	ROANOKE CHOWANH	8931	17	AMTNC INELIGIBLE TO RECEIVE SE				
	UMAN SERVIC			RVICES IN IPRS.				
		-						
		79	14	THIS SERVICE IS NOT PAYABLE TO	19	53	1065	1012
				YOUR SUBMITTED BILLING	19	53	1000	1012
				PROVIDER TYPE AND SPECIALTY IN				
		8599	6	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404943		8931	35	AMTNC INELIGIBLE TO RECEIVE SE				
3404343	ALBEMARLE MENTA L HEALTH CE	0331						
				RVICES IN IPRS.				
				RVICES IN IPRS.				
		21	31	RVICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM	42	137	1113	976
		21	31		42	137	1113	976
		21	31		42	137	1113	976
				DUPLICATE OF CLAIM-SYSTEM	42	137	1113	976
		21 8599	31		42	137	1113	976
				DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	42	137	1113	976
				DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	42	137	1113	976
3404944	EASTPOINTE HUMA			DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. THIS SERVICE IS NOT PAYABLE TO	42	137	1113	976
3404944	EASTPOINTE HUMA N SERVICES	8599	23	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	42	137	1113	976
3404944		8599	23	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. THIS SERVICE IS NOT PAYABLE TO	42	137	1113	976
3404944		8599	23	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404944		8599	23	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE	42			976
3404944		8599	23	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404944		8599	23	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE				
3404944		8599	23	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT				
3404944		8599 79	23 326 230	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF PECIFICAT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIERT, PROVIDER AND				
3404944		8599 79	23 326 230	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT				
	N SERVICES	9599 79 11	23 326 230	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	N SERVICES FOOTHILLS AREAM	8599 79	23 326 230	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUTDER TYPE AND SERVICE PROVIDER TYPE AND SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES	9599 79 11	23 326 230	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF PRCIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	N SERVICES FOOTHILLS AREAM	9599 79 11	23 326 230	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUTDER TYPE AND SERVICE PROVIDER TYPE AND SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES FOOTHILLS AREAM	9599 79 11	23 326 230	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUTDER TYPE AND SERVICE PROVIDER TYPE AND SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE		1101	6387	5286
	N SERVICES FOOTHILLS AREAM	8599 79 11 8599	23 326 230 230 197	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT TON OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	31	1101		
	N SERVICES FOOTHILLS AREAM	8599 79 11 8599	23 326 230 230 197	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT TON OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	31	1101	6387	5286
	N SERVICES FOOTHILLS AREAM	8599 79 11 8599 8505	23 326 230 197 346	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLIO PROVIDER TIPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE WY BUDGET DUPLICATE OF CLAIM-SYSTEM	31	1101	6387	5286
	N SERVICES FOOTHILLS AREAM	8599 79 11 8599	23 326 230 230 197	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM	31	1101	6387	5286
	N SERVICES FOOTHILLS AREAM	8599 79 11 8599 8505	23 326 230 197 346	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	31	1101	6387	5286
	N SERVICES FOOTHILLS AREAM	8599 79 11 8599 8505	23 326 230 197 346	DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM	31	1101	6387	5286

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8518	813	CLAIM DENIED, SUBMITTED BEYOND				
	HEALTH CTR			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	160	DETAIL NOT COVERED BY COMBINAT	23	1067	4322	3255
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	28	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404979	NEW RIVER AREAM	8599	107	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	77	AMTNC INELIGIBLE TO RECEIVE SE	102	349	6743	6394
				RVICES IN IPRS.				
1								
		11	69	CLIENT NOT ELIGIBLE ON SERVICE				
1				DATE				